

# **Substance Abuse in South Kerry**

## **A Project to investigate its extent and Propose strategies for its prevention**

**commissioned by the  
SKDP Drugs Task Force**

***Presented by***

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**Section One**  
**Research Methodology**

## **RESEARCH METHODOLOGY**

The four regions of the South Kerry Development Partnership Ltd., constitute a mix of both urban and rural populations. The largest urban population within the region is Killarney. Towns such as Caherciveen, Killorglin, and Kenmare are considerably smaller.

The Substance Abuse Task Force was convened to look into the problem of substance abuse in each of the four regions of the SKDP, and to investigate how a growing national phenomenon of substance abuse might be affecting the South Kerry area. This task force includes representatives from the SKDP; Local Employment Service; GAA; the Gardai; Talbot Grove Treatment Centre; a nominee of Bishop Bill Murphy's; the Church of Ireland; Killarney UDC; Kerry Diocesan Youth Service; Kerry Mental Health Association; Kerry Soccer Board.

The problems found in Ireland's capital city, Dublin, make for very worrying reading. Heroin abuse is widespread. This problem is ever increasing in such urban spots as Cork City, not a million miles away from the County Kerry border. However, as real as fears and suspicion may be as to the extent of the problem in South Kerry, the important factor is to try and get a perspective on the main problems in South Kerry presently.

This report on Substance Abuse in South Kerry is the first report of its kind by the SKDP. It has been commissioned by the Substance Abuse Task Force in order to

carry out a study exploring the extent of substance abuse in South Kerry, substance abuse also including in its definition, alcohol abuse.

### **Aims and Objectives of the Research.**

The aims and objectives, as per contract, are as follows;

1. To depict the reality in quantitative terms of substance abuse in South Kerry.
2. To list existing agencies and programmes operating in the area, thereby making proposals towards co-ordination and linkages.

The terms of reference appear as Appendix Five.

## **METHODOLOGY**

### ***Model for research.***

It became evident in the early stages of this report, that the possibility of collating exact statistics with regard to then extent of substance abuse in South Kerry in quantitative terms was never going to become a reality. This very point is further substantiated by the two Ministerial Reports of 1996 and 1997; that no exact statistics are available. However, we can rely somewhat on qualitative measures, although Dr. Tim Jackson's 1997 Southern Health Board Report goes some way to seeking a picture of substance abuse in Cork and Kerry,

### **Methodology**

Both quantitative and qualitative means have been employed in the research.

1. The process was also a consultative one. Interviews with members of the Garda Siochana, Southern Health Board, GAA, Kerry Diocesan Youth Service, Schools, Health Promotion Unit, Barnardos, the Samaritans, Accord, early school leavers, third level students, night club owners, publicans, IBEC, SIPTU, etc., form a basis for this report. A comprehensive list appears in Section Eleven of this report; (Bibliography and Acknowledgements).
2. Questionnaire results. Secondary schools, from the South Kerry region, took part in this survey. Students from both Junior and Senior classes were asked to complete the questionnaire (Appendix One), as well as students from the Kerry Diocesan Youth Service, SKYE Project, Killarney.

3. Figures from the Psychiatric Services also from part of the quantitative research, regarding admissions to the Acute Unit in Tralee General Hospital for alcohol abuse.
4. A comprehensive list of all services relating, in some manner or form, to substance abuse, appears in Appendix three. Proposals relating towards linkages between agencies appear in Section Nine; Conclusions and Recommendations.

### **OVERVIEW OF EVALUATION METHODOLOGY**

CONTACT	METHOD
<ul style="list-style-type: none"> <li>• Mr. Kieran Griffin, Intermediate School, Killorglin.</li> <li>• Mr. Garrett Power, Holy Cross College, Kenmare</li> <li>• Mr. Michael Donnelly, Colaiste na Sceilge, Caherciveen.</li> <li>• Mr. Jim O'Brien, St. Brendan's College, Killarney.</li> </ul>	<ul style="list-style-type: none"> <li>• Letter of Introduction</li> <li>• Questionnaire to all schools</li> <li>• Follow up telephone calls to all schools</li> <li>• Collection of completed questionnaires</li> <li>• Discussions with schools.</li> </ul>
<ul style="list-style-type: none"> <li>• Garda Siochana</li> <li>• Garda Cathal Walsh, Killarney</li> <li>• Garda Sergeant Pat Doody, Caherciveen.</li> </ul>	<ul style="list-style-type: none"> <li>• Telephone conversations</li> <li>• Interviews at each station</li> </ul>

<ul style="list-style-type: none"> <li>• Third level students, Killarney.</li> </ul>	<ul style="list-style-type: none"> <li>• Discussions re. local substance abuse problems</li> <li>• Discussions re. questionnaire drafts</li> </ul>
Mr. Con Cremin, Director, Talbot Grove	Interview
Mr. John Kelly, Community Psychiatric Nurse	Interview
Mr. Andy Walker, Health Education Officer, SHB	Interview
Ms. Paula Shanahan, Community Development Worker, KDYS	Interview
Barnardos Information Office, Christchurch, Dublin	Re. links between substance abuse and suicide
Various publicans and night club manager	To remain anonymous
Samaritans, Tralee	Re. increase in calls regarding substance abuse
Accord, Marriage and relationships, Counselling Service, Tralee	Re. increase in problems with regard to substance abuse
Adapt, Women's Refuge	Re. domestic violence and substance abuse link
IBEC	Re. substance abuse policies in the workplace
Mr. Tom Walshe, Psychiatric Services.	Re. admissions to acute psychiatric unit, Tralee

Mr. Tom Leonard, General Manager, Community Care Services, (SHB), Tralee	Re. general guidelines for project
Ms. Bernie Collins, Co-Ordinator, Walk Tall Programme, Clondalkin, Dublin	Re. number of primary teachers training for this project in Co. Kerry
Barnardos, Information Office, Dublin	Re. policy paper on Youth Suicide in Ireland.
SIPTU, Liberty Hall, Dublin.	Re. Employee Assistance Service and substance abuse policies.
Cllr. Sean O Grady, Chairman, UDC, Killarney	Re. Killarney UDC's Drugs Liaison Committee
Department of Education and Science	Re. programmes for schools and training for teachers
Department of Health and Children	Re. various programmes and publications
Department of Enterprise, Trade and Employment.	Re. publications
Ms. Olive McGovern, Youth Health Promotion Officer, Department of health and Children	Re substance abuse programmes
Mr. Willie Collins, Co-ordinator of Services for Substances & Alcohol Abuse, Cork.	Re. Southern Health Board Programmes
Ms. Kate Kennelly, Arts Officer, Kerry County Council.	Telephone conversation re. funding for the arts in Kerry



**Section Two**  
**General Introduction**  
**To Substance Abuse**

### **The Scale of the Problem.**

The “*First Report of the Ministerial Task Force on measures to reduce the Demand for Drugs*” (October 1996), indicates a very important point; there is no accurate quantitative measure of the size of the substance abuse problem, although there are indicators, as this report will go on to outline. Furthermore, regarding South Kerry, there are indeed pockets of concern, and particular substances being abused that this report takes particular note of. Later this very point will be expanded upon; that individual concerns do not necessitate vigilante style recommendations.

Despite the lack of data from the South Kerry region, information that is available does provide a qualitative awareness of the nature of the problem which, even if accurate statistics existed, is also crucial to our understanding of the complexities involving substance abuse. For example, those who engage in this activity usually do so on a wide range of levels, which include;

- once off experimentation;
- occasional and controlled use of substances;
- regular but controlled use; and
- problematic use where an individual’s habit becomes ,the primary factor in his or her life

Drug misuse takes place where any drug. Legal or illegal is harmful, or potentially harmful, to the physical, mental, or social well being of an individual, group or society. Despite the lack of definitive data, it is known that substance misuse is widespread, nationally. It takes the forms of;

- heroin abuse, which is confined mainly to the Dublin area (the problem extending to Cork also); and

- the misuse of other drugs, including so-called “soft drugs” such as Cannabis and Ecstasy, which is a nation-wide phenomenon. Included in this group also would be amphetamines, tranquillisers, LSD, inhalants/solvents and magic mushrooms.
- Socially accepted substance, alcohol, remains widely abused, and is by far the most prevalent problem facing South Kerry.

Note: Tobacco is not mentioned in the Ministerial Report.

### **No short term solutions.**

Any recommendations as to proposing to tackle problems in South Kerry, and other regions in the country, must indeed be long term, involving communities and the legislature alike. Not only must we speak of the illegal drugs, but the socially acceptable one such as alcohol that poses, by far, the biggest present substance abuse problem in South Kerry.

The Ministerial Task Force of 1996 believes that long-term solutions in the areas of education and prevention – especially regarding conditions which tend to make demand for drugs more likely – represent the best possibilities of bringing the problem under control.

### **Global Business.**

Illegal drug production, manufacture, trafficking and distribution of illegal substances is a huge global business. Even though it is subjected to intensive and co-ordinated attack at international level, this business continues to thrive. Financially, the risk-reward ratio remains high enough to motivate an international criminal community to remain in business. We need not even look too far afield, but have to look to the names of the drugs’ barons in Ireland, names synonymous with acquiring vast sums of money from the sale of drugs.

The source of control of the problem lies within the international field. Also, every country needs to implement policies and measures to discourage drug taking; drug education, appropriate urban-environmental and socio-economic policies, as well as coping with the consequences of drug abuse, the treatment of addiction.

### **General Impact of Substance Abuse**

The impact of large-scale substance abuse and addiction on personal lives and community life is severe. Users and addicts can end up in a life of crime, as well as being forced into daily contact with organised crime. In the Killarney area, the Gardai have seen a rise in the number of females involved in crime, merely to pay for their drug taking habits. Ill health is another consequence, as well as the danger of contracting HIV/Aids, and other blood-related diseases.

It can never be said of communities in affected areas that all families are substance abusers. Many seek better futures for their children, and are involved in community and voluntary efforts to tackle the problems in their area, be it an inner city Dublin community, or a housing estate in large towns such as Killarney, tackling the problems of “cider parties”.

**Section Three**  
**Definitions regarding**  
**Substance Abuse**

### **What is a Drug?**

***“A drug is a chemical that changes human functioning – mentally, physically, or emotionally.”***

Sources of drugs are indeed varied. Some are natural, such as Cannabis; some are semi-synthetic and derived from original products such as heroin from Opium; some are synthetic and are chemical products such as Amphetamines or LSD. Drugs such as Opium, Alcohol, have been with us for hundreds of years.

### **Drug Use**

Medically, drugs are produced for pain relief, treatment of illness and disease, and prescribed by a medical professional. Drugs are also used recreationally, those such as alcohol and smoking, and are, relatively speaking, socially acceptable. Other drugs are illegally taken, such as narcotics and others such as solvents, which are used for purposes other than what they have been manufactured for. Other illegal drugs are, of course, LSD, Cannabis, Ecstasy, etc.

### **What is Drug Misuse?**

The World Health Organisation classifies drug misuse as;

- Unsanctioned Use: the drug is not approved by society.
- Hazardous use: the drug may lead to harmful consequences ie., increased risk.
- Dysfunctional Use: the drug leads to impaired psychological or social functioning.
- Harmful Use: the drug is known to have caused tissue damage or mental illness.

The results of drug misuse can be acutely hazardous, and result from intoxication, overdose, or idiosyncrasy, where effects can happen unpredictably. Chronic effects can effect both mental and physical status.

### **What is Drug Dependence?**

The American Psychiatric Association considers drug dependence to be present if three or more of the following situations are present:

- Taking the substance more often or in larger amounts than intended.
- Unsuccessful efforts to terminate or reduce drug use.
- Large amounts of time spent in acquiring or using the drug, or recovering from its effects.
- Frequent intoxication or withdrawal symptoms.
- Abandonment of social and occupational activities because of drug use.
- Continued use despite adverse psychological or physical effects.
- Marked tolerance
- Frequent use of the drug to relieve withdrawal symptoms.

### **What is Substance Abuse?**

This is seen as a pattern of maladaptive behaviour involving recurrent adverse consequences to repeated substance use. It is distinct from substance dependence. Substance abuse leads to clinically significant impairment or distress as manifested by one or more of the following occurring within a year:

- Recurrent substance abuse, resulting in repeated absences, poor work performance, suspensions/expulsions from school, neglect of household or children.
- Recurrent substance use in situations in which it is physically hazardous.
- Recurrent substance related legal problems (arrests)
- Continued substance use despite arguments about the consequences of use, fighting.

### **Drugs and the Law.**

## **The Misuse of Drugs Acts 1977 and 1984**

The Misuse of Drugs Acts are intended to prevent the non-medical use of drugs. The drugs included are known as Controlled Drugs and include opiates (eg heroin), sedatives (eg Valium), stimulants (eg Amphetamines), and hallucinogenic drugs (eg LSD).

Offences under the Misuse of Drugs Acts include:

- Possession (small amount for personal use)
- Possession with intent to supply to another person
- Production
- Growing of opium poppies, cannabis and coca plants
- Supplying or intent to supply to another person
- Importation or Exportation
- Allowing premises you occupy to be used for the supply or production of drugs or permitting the use of drugs on the premises
- The printing or sale of books or magazines that encourages the use of controlled drugs or which contain advertisements for drug equipment



There are laws controlling tobacco, alcohol, solvents and medicines.

## **Section Five**

### **Summary findings of the Southern Health Board Report, 1997**

### **Smoking, Alcohol and Drug use in Cork and Kerry: SHB Report, 1997**

The survey targeted populations in the three main regions of the Southern Health Board; Cork City, Cork County, and Co. Kerry. The Main Sample totalled 1500, age groups 15-44, with 500 each taken from the general population of the three regions.

The following is a summary of the results relevant to this preliminary research report.

#### ***Smoking***

- 61.5% of those surveyed have ever smoked, with 37.9% currently smoking

#### ***Currently smoking***

- 15 year olds: 10%
- 16 year olds: 31%
- 20 year olds: 40%
- 20-34 year olds: 46%
- 35-44 year olds: 33%

#### ***Alcohol***

- 87% had ever taken alcohol, and 78% were current drinkers.

#### ***Currently using alcohol.***

- 15-16 year olds: 33%
- 15-19 year olds: 55%
- 20-24 year olds: 89%
- 25-34 year olds: 87%
- 35-44 year olds: 80%
- Under 18s currently drinking: 44%

### ***Intoxication***

- 72% had ever been drunk
- 17.8% first got drunk at a mean age of 17.8 years
- 25% had gotten drunk by the age of 16

### ***Drunkenness according to Age***

- Under 18: 72%
- 20-24: 87%

### ***Drugs: Overall use.***

18% admitted to ever having taken illegal drugs during their lives. Breaking down the results, they are as follows:

Cannabis: 16.5%

Hallucinogens: 5%

Stimulants: 5%

Sedatives: 2%

Solvents/Opiates: 1%

Those who are currently using illegal drugs (as in the last month), the results are as follows:

Cannabis: 4%

Stimulants: 1%

Other drugs: 0.5%

Solvents, smoking and alcohol are all taken in the earlier years before other illegal drugs.

Of the numbers surveyed in Co. Kerry, results show that 6% had tried Cannabis at some stage, with those in the 20-24 age group having the highest lifetime use.\*

Currently using Cannabis, those people in the 15-19 age bracket numbered 13.7%

Current smokers and drinkers showed twice as many lifetime users of Cannabis (26%),

- lifetime use where a person has *ever* used the particular substance.

### **LSD/Magic Mushrooms. (Hallucinogens).**

For lifetime use, these drugs were taken by 6%; 4% took LSD, and 4% magic Mushrooms. However, the numbers do not add up because of the cross taking of drugs.

### **Amphetamines/Amyl Nitrate/Cocaine/Crack/Ecstasy (Stimulants).**

For lifetime use, Stimulants were taken by 5%.

Amphetamines: 3%

Amyl Nitrate and Cocaine: 1%

Crack: 0.3%

Recent and Current use: Numbers were too small for analysis.

### **Barbiturates/Sleeping Tablets/Temazepam/Tranquillizers/Temgesic/Triazolam (Sedatives)**

For lifetime use, sedatives were taken by 2%.

Recent and current use of sedatives was 2% and 0.5%

### **Diconal/DF118/Heroin/Methadone**

Lifetime and recent use results in 1%. 10 out of every 25 Opiate users were from Cork City.

### **Glue/Aerosols/Gas (Solvents)**

Lifetime Use: 1%

Recent and Current Use: 0.1%

Solvent users were almost all from Cork City.

### ***Drug Use in Co. Kerry***

Tralelee showed a Life time Use of 27% of the 500 people surveyed; 7% recent use and 5% current use.

\* Some smaller towns showed as much as 17% for all types of use.

\* Rural area showed half Tralee's Lifetime Use but equivalent Recent and Current Use.

Overall, part time employment showed the highest association with taking of drugs.

### ***Personal Knowledge of Drug Situations.***

	<b><i>Cannabis</i></b>	<b><i>Ecstasy</i></b>	<b><i>LSD</i></b>	<b><i>Magic Mushrooms</i></b>
Know someone who has been offered drugs	43%	39%	27%	14%
Know someone taken drugs	42%	32%	15%	15%
Know someone regularly taking drugs	28%	18%		
Know someone who had been where drugs were taken	32%	23%		

- Of those interviewed, almost all agreed education is important regarding the risks and effects of drugs, with two thirds feeling it should be directed towards 12-18 year olds. Almost half said that parents should also be targeted.
- 70% felt that schools and colleges should be responsible for drug education. Health Boards were ranked third, then the Gardai and doctors.

***Southern Health Board Report: Conclusions and Recommendations.***

There is a high number of Current Smokers (38% and a widespread alcohol experience with 78% currently using alcohol. 23% of men drank in excess of recognised guidelines.

*Note: recognised guidelines according to the World Health Organisation are as follows;*

*21 units per week for a male*

*14 units per week for a female*

Regarding drug use, the figure is 18%, with drugs mainly used being cannabis, Hallucinogens and Stimulants. There was a strong association between drug use and current smoking, frequency of drinking, and frequency of drunkenness.

Cannabis was seen as the least harmful and most used drug. GPs, Psychiatrist, and treatment centres were all recognised as main sources of help for substance abuse.

Overall, alcohol is still the dominant drug of misuse.

The Southern Health Board Report recommends that comprehensive substance abuse programme must be available and implemented., targeting schools with provision for parental support and education. It also recommends that there be a particular emphasis on smoking and alcohol use. Other recommendations include the need for recreation and sports facilities. .

## ***Section Four***

**Drug Classification**

Signs and Symptoms of Drug Use

<u>DRUG</u>	<u>NAME</u>	<u>HOW IS IT TAKEN?</u>	<u>EFFECTS/</u> <u>DANGERS</u>
Tobacco	Cigarettes, cigars, smokes, fags	Generally smoked	Stimulant or relaxant: causes cancer, ulcers, heart disease
Alcohol	Wines. Spirits, beers, alcopops, etc.	Taken orally	Relaxation; confidence; behavioural changes; dependency; brain, liver damage
Solvents	Glue, solvents, aerosols	Gases, vapours inhaled through mouth, nose	Lightheadedness, hallucinations, sudden death, nausea, vomiting, asphyxiation
Cannabis	Three forms: oil, herbal and resin	smoked	Relaxation, alters perceptions, short term memory loss
Amphetamines	Speed whizz uppers, etc	Powder may be swallowed or injected	Stimulation, confidence, nervousness, panic, organ damage
Barbiturates	Sleepers, downers	Generally swallowed	Slows down brain activity. Impaired



			judgement. High dose =coma or death
Cocaine	Coke, snow, crack	Usually snorted, also injected. Crack is smoked	Powerful, short acting; increased alertness, feelings of great confidence. Problems: mental illness, damage to organs.
Ecstasy	(MDMA) E, XTC, Doves	Swallowed as tablets	Stimulation, alters sensory perceptions; nausea, sweating, inc. pulse rate, may lead to heat stroke, coma. Long term organ damage
Magic Mushrooms		Swallowed raw, cooked, brewed	Alters sensory perception. Nausea, sickness, poisoning
LSD	Acid, Trips, Tabs, Microdots	Ingested orally	Heightened sensory experience, hallucinations. Mental illness, panic attacks, bad trips
Heroin	Smack, Skag, H, gear	Smoked, sniffed, injected	User feels warm, drowsy, euphoric. Dependency; overdose leads to

			coma and death
Tranquillisers	Eg valium, librium, downers, sleepers	Swallowed as tablets	Calm and sedates. Causes lethargy and dependency.
Amyl nitrates	Poppers, brand names	Vapours inhaled through nose	Immediate and short lived effects; “rush”
Anabolic steroids	Eg Dianabol	Pills or injected	Improved physique, performance, aggression, etc.

### **Signs and Symptoms of Drug Use.**

Very often there are no clear signs attached to irregular experimental drug use. It is usually when drug use becomes problematic for the young person that some of the symptoms may manifest themselves.

The signs and symptoms must not replace careful observation, listening to and talking with a young person

Many signs and symptoms listed are normal aspects of growing up.

Changes in behaviour, which may indicate drug use:

- erratic mood swings
- lying and secretive behaviour.
- Changes in appearance.
- Changes in eating habits.
- Gradual loss of interest in school, hobbies, friends.
- Changes in friendship patterns. If a young child is misusing drugs, they will tend to mix with older children and drop former friends.
- Involvement in stealing and bartering personal and family possessions for money.

- Possessing unusual items and apparatus. Apart from tablets, powders, aerosols, etc., which may be found, some forms of drug taking require equipment. Eg, pieces of foil, syringes, plastic bags, cigarette papers.;
- Unusual smells around a child, or clothing, eg, smells of solvents and glues, the characteristic smell of cannabis.

## **Appendix One (B) Schools' Survey**

**1** Have classes from your school taken part in any awareness programmes re. Substance Abuse?

**2** If yes, what programs have taken place?

**3** Have any teachers been trained to facilitate substance abuse programmes?

**4** Has your school invited speakers ie, the gardai, counsellors, addicts, etc. to talk to children on substance abuse?

**5** Is smoking a problem in your school?

### **Secondary Schools only**

**6** Which substance abuse programs are taught in school? Please name them.

**7** At what level are these programs taught?

**8** Have teachers been trained to facilitate these programs?

**9** Do you invite guest speakers to address students on the problems associated with smoking, alcohol, other substance abuse?

**10** Has there been any follow up to any of these programs?